

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|---|
| 1. File Number U - <u>13154</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u> |
| 3. Name and address of person filing. Name <u>Charles</u> <u>T</u> <u>LeConche</u> P.O. Box, Bldg., Room No., if any <u>P O Box 9107</u> Street _____ City <u>Wethersfield</u> State <u>Connecticut</u> ZIP Code + 4 <u>06109</u> | 4. Name, file number, and address of labor organization. Name <u>Connecticut Laborers' District Council</u> Labor Organization File Number <u>063-522</u> P.O. Box, Building and Room Number, if any _____ Street <u>475 Ledyard Street</u> City <u>Hartford</u> State <u>Connecticut</u> ZIP Code + 4 <u>06114</u> |
| 5. Position in labor organization. _____ | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____ \$0 |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Chas LeConche

On

Aug 15 / 05
Date

860-296-8697

Telephone Number

| | |
|---|----------------|
| Name of Person Filing Charles LeConche | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|---|---|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Connecticut Laborers' Health Fund</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 435 Captain Thomas Boulevard</p> <p>City West Haven</p> <p>State Connecticut ZIP Code + 4 06516</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Provide health benefits to members. </div> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Expense reimbursement in connection with attending International Foundation of Employee Benefit Plans conference from 3-8-04 to 3-10-04 </div> <p>12.b. Amount. \$6,783</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

| | |
|--|---|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment. \$0</p> |

Name of Person Filing Charles LeConche

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Connecticut Laborers' Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 435 Captain Thomas Boulevard

City West Haven

State Connecticut

ZIP Code + 4 06516

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provide health benefits to members.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Individual value of dinner meeting allocated to each attendee.

12.b. Amount.

\$38

Name of Person Filing Charles LeConche

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Connecticut Laborers' Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 435 Captain Thomas Boulevard

City West Haven

State Connecticut ZIP Code + 4 06516

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provide health benefits to members.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Individual value of dinner meeting allocated to each attendee.

12.b. Amount.

\$114

Name of Person Filing Charles LeConche

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Connecticut Laborers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 435 Captain Thomas Boulevard

City West Haven

State Connecticut

ZIP Code + 4 06516

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provide pension benefits to members.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Expense reimbursement in connection with attending the Segal Advisors 2004 Conference

12.b. Amount.

\$4,515

Name of Person Filing Charles LeConche

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name New England Laborers Training Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 37 East Street

City Hopkinton

State Massachusetts ZIP Code + 4 01748

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provide training to members.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Expense reimbursement in connection with the 2004 annual Tri-Fund Conference.

12.b. Amount.

\$5,499

Name of Person Filing Charles LeConche

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name New England Laborers Traing Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 37 East Street

City Hopkinton

State Massachusetts ZIP Code + 4 01748

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provide training to members.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Individual value of dinner meeting allocated to each attendee.

12.b. Amount.

\$62

Name of Person Filing Charles LeConche

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name New England Laborers Traing Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 37 East Street

City Hopkinton

State Massachusetts ZIP Code + 4 01748

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Provide training to members.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Value of holiday gift basket.

12.b. Amount.

\$67

Name of Person Filing Charles LeConche

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NE Laborers' Labor Management Co-op Tr LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 226 South Main Street

City Providence

State Rhode Island

ZIP Code + 4 02903

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

To secure projects and jobs, increase union sector market share, advertise their services, develops a workplace, and advances shared market related interests.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Individual value of dinner meeting allocated to each attendee.

12.b. Amount.

\$96

Name of Person Filing Charles LeConche

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Connecticut Laborers' Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 435 Captain Thomas Boulevard

City West Haven

State Connecticut ZIP Code + 4 06516

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Provide health benefits to members.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Expense reimbursement in connection with attending International Foundation of Employee Benefit Plans conference from 11-15/04 to 11-19-04.

12.b. Amount.

\$2,236

Name of Person Filing Charles LeConche

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborers' International Union of NA LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

National LECET which promotes labor management cooperation for its affiliates.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Individual value of dinner meeting allocated to each attendee.

12.b. Amount.

\$77

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborers' International Union of NA LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

National LECET which promotes labor management cooperation for its affiliates.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Individual value of dinner meeting allocated to each attendee.

12.b. Amount.

\$27

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborers' International Union of NA LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

National LECET which promotes labor management cooperation for its affiliates.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

National LECET which promotes labor management cooperation for its affiliates.

12.b. Amount.

\$111

**ADDENDA TO THE LM-30 FORM WHICH IS
INCORPORATED AND MADE PART OF THE LM-30 FORM**

ADDENDUM A (Unsolicited gifts or promotional items)

On several occasions in 2004, I recall that I was given (a) complimentary promotional item(s), such as a (clothing item, accessory or printed material w/with LIUNA logo, etc). At no time did I solicit such item(s), and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the item(s), and do not recall the manufacturer or provider of such (an) item(s).

ADDENDUM B (Unsolicited Holiday Gifts)

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items, a (wine and cheese basket, fruit basket, holiday ham, holiday turkey, gourmet foods, etc.). At no time did I solicit such item(s) and it/they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." C.F.R. 2635.205

ADDENDUM H (Union to Union Benefits)

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

ADDENDUM E (Meals/Events with Friends)

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.